Inmate Last Name: _____
Inmate First Name: _____
Inmate SO#: _____
FOR OFFICE USE ONLY FOR OFFICE USE ONLY FOR OFFICE USE ONLY

AUTHORIZATION FOR MINOR CHILD VISITATION

I certify that I am the legal guardian of:

Child's Name	Child's Date of Birth

I am giving permission for the following list of adults to bring the above named child/children to the Cuyahoga County Corrections Center (CCCC) to visit inmate:

Inmate Name:	SO#:

Adult Name:	Address/City/State/Zip Code	Relationship to Child

- I hereby give my permission for the child/children above to be searched by employees of the Cuyahoga County Corrections Center (CCCC).
- I understand that the child/children may only visit with the people that I have listed and I have enclosed a copy of the child/children's birth certificate, proof of paternity/parentage and a current photograph.
- This document MUST be notarized prior to submission.
- Any changes, additions or deletions require completion of a new form.
- This form must be updated annually from the date of receipt.

Parent/Guardian Name – Printed	Date:
Parent Guardian Signature	Telephone:
Email:	
Emergency Contact:	Telephone:

_____

Notary Signature

_____

Notary Date

Notary Seal

This application has been reviewed and is:

Approved:_____

Denied: _____

Reason for denial:_____

Approved by: _____

Date approved:_____